MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12587

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 1243 Amherst Pl. St. ..... Ward)

File No. .....

Registered No. 3115

2. FULL NAME Theresa Wheatley

(a) Residence. No. 1243 Amherst Pl. St., 5 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Wheatley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 8, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	63	0	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ?
(STATE OR COUNTRY) Kentucky

PARENTS

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ?
(STATE OR COUNTRY) France

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ?
(STATE OR COUNTRY) France

14. INFORMANT Mr. E. F. Wheatley
(Address) 1243 Amherst Pl

15. FILED 19 1929 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Feby 16 1929, to March 11, 1929 that I last saw her alive on March 10, 1929, and that death occurred, on the date stated above, at 3.50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma Cardiac Orifice Stomach

4½ B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 44 A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no —
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Paul Vineyard, M. D
, 19 (Address) Mirror Club Bd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Walhalla Cem.

DATE OF BURIAL 3-13 1929

20. UNDERTAKER Geo L. Pleitsch

ADDRESS 5966 Easton ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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